



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH REGIONAL MEDICAL CENTER

City of Hospital: Mishawaka

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Amelia Lutz

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Medicare Provider Number: 15-0012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$579488924
Outpatient Patient Service Revenue	\$496618924
Total Gross Patient Service Revenue	\$1076107848

2. Deductions From Revenue

Contractual Allowance	\$693854070
Other Deductions	\$25005557
Total Deductions	\$718859627

3. Total Operating Revenue

Net Patient Service Revenue	\$357248221
Other Operating Revenue	\$7210172
Total Operating Revenue	\$364458393

4. Operating Expenses

Salaries and Wages	\$89488924	Employee Benefits	\$19450385
Depreciation and Amortization	\$17527869	Interest Expense	\$11001165
Bad Debt	\$24449984	Other Expenses	\$175325925
Total Operating Expenses	\$337244252		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27214141	Total Assets	\$395162344
Net Non-operating Gains over Loss	\$3400372	Total Liabilities	\$332162768

Total Net Gains	\$30614513
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$525745000	\$0	\$525745000
Medicaid	\$182440000	\$0	\$182440000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$367922000	\$0	\$367922000
Total	\$1076107000	\$0	\$1076107000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1140645	\$-1140645

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1682840	\$-1682840
Hospital Patients	\$0	\$968797	\$-968797
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	268
Number of Hospital Patients Educated	172939
Number of Citizens Exposed to Health Education Messages	901167

Statement Six: Charity Statement

Hospital Charity Charges	\$25005557
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6562078	
HCI Payments	\$0		
Subtotal	\$0	\$6562078	\$-6562078
Medicaid Shortfalls	\$45588640	\$61957699	
Subtotal	\$45588640	\$68519777	\$-22931137
DSH Payments	\$0		
Subtotal	\$45588640	\$68519777	\$-22931137
Medicare Shortfalls	\$120591561	\$137842725	
Other Government Programs	\$0	\$0	
Total	\$166180201	\$206362502	\$-40182301

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7669218	\$3636580	\$4032638
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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